



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) Health Care Provider () Injured Employee () Insurance Carrier

Requestor's Name and Address:

Ryan Potter, M.D.
1415 Third Street, Ste 303
Corpus Christi, TX 78404

MDR Tracking No.: M4-05-1597-01

Respondent's Name:

TPCIGA for Reliance National
Rep Box: 50

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary from their Table of Disputed Services states, "Rationale A: Carrier incorrectly took a PPO discount using Evolution/Rockport contract, of which we are not contracted with under workers compensation"

Principle Documentation: 1. DWC 60 package
2. CMS 1500's
3. EOB's

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Respondent's Position Summary: Respondent did not submit a response.

Principle Documentation: 1. n/a

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
01-30-04	F	99213	1, 2, 3	\$2.98
TOTAL DUE				

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Section 413.011(a-d) titled (Guidelines and Medical Policies), and Division Rule 134.202 titled (Medical Fee Guideline) effective August 1, 2003, sets out reimbursement guidelines.

1. The Requestor billed CPT code 99213 for DOS 01-30-04. The Respondent paid \$59.00 and used payment exception code, "F- fee guideline MAR reduction."
2. The Requestor stated that the Respondent took a PPO discount using Evolution/Rockport contract. The Requestor stated that they are not under contract for workers' compensation claims. Therefore, this review will be in accordance with the 2002 MFG.
3. The MAR for CPT code 99213 is \$61.98. The Respondent paid \$59.00. Therefore, Per the 2002 MFG additional reimbursement is recommended in the amount of \$2.98 (\$61.98 - \$59.00= \$2.98).

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d)
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.202

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor is entitled to additional reimbursement in the amount of **\$2.98**. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.

Ordered by:


Authorized Signature

Patricia Rodriguez

Typed Name

11/30/06

Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.